PTO/SB/05 (4/98)

Approved for use through 09/30/2000 OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a ollection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box → +

Attorney Docket No. J-2961

First Inventor or Application Identifier William E. LeBoeuf

PROCESSING SUBSTRATE AND/OR SUPPORT SURFACE

Express Mail Label No. EJ484162235US (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

APPLICATION ELEMENTS	ADDRESS TO): Box Patent		n =	
See MPEP chapter 600 concerning utility patent application contents. * Fee Transmittal Form (e.g., PTO/SB/17)		Washington		4 -	
(Submit an original and a duplicate for fee processing)		•	ogram (Appendix)		
X Specification [Total Pages 30]	6. Nucleotide and/ (if applicable, ali		Sequence Submission		
(preferred arrangement set fortil below)	` ''	mputer Reada	ble Copy vo		
 Descriptive title of the Invention Cross References to Related Applications 		•		8	
- Statement Regarding Fed sponsored R & D	b. Pa	per Copy (ider	tical to computer copy		
- Reference to Microfiche Appendix	c. Sta	atement verifyir	ng identity of above copi	ies	
- Background of the Invention	ACCOMP	ANYING API	PLICATION PARTS		
- Brief Summary of the Invention	7 Assignmen	nt Paners (cov	er sheet & document(s))	1	
 Brief Description of the Drawings (if filed) 		•	ment Power of	′	
- Detailed Description	8 (when the	re is an assign	ee) X Attorney		
- Claim(s)	9. English Tr	anslation Docu	ıment (if applicable)		
- Abstract of the Disclosure	10. Information	n Disclosure	Copies of ID	s	
. X Drawing(s) (35 U.S.C. 113) [Total Sheets 2	Statement	(IDS)/PTO-14	49 Citations		
. Oath or Declaration [Total Pages 2]	11. Preliminar	y Amendment	:		
a. X Newly executed (original or copy) UNSIGNE	11 112 1 32 1	ceipt Postcard	•		
Copy from a prior application (37 C F R § 1 63(d))					
(for continuation/divisional with Box 16 completed)	13. Statement	(s) Star	tement filed in prior appl tus still proper and desir	,	
i. DELETION OF INVENTOR(S) Signed statement attached deleting	(PTO/SB/09	Copy of Priority	• •		
inventor(s) named in the prior application		priority is clain			
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	15. Other:	***************************************			
NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT		••••••			
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	<u>.</u>				
16. If a CONTINUING APPLICATION, check appropriate box, and s	upply the requisite informati	on below and in	a preliminary amendment:		
Continuation Divisional Continuation-in-part (, , , , , ,		_/		
Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure		up / Art Unit: om which an oa	th or declaration is suppl	_ ied	
under Box 4b, is considered a part of the disclosure of the accompan	ying continuation or divisi	ional application	n and is hereby incorporat	ed by	
reference. The incorporation can only be relied upon when a portion 17. CORRESPONDE		nitted from the s	submitted application part	s.	
17. CORRESPONDE	NCE AUURESS				
Customer Number or Bar Code Labe !		or 🖾 Con	respondence address below	,	
(Insert Customer No. or Atta	ach bar code label here)		,		
Kristin L. Chapman					
S. C. JOHNSON HOME STORAGE, INC.					
1525 HOWE STREET, MS 077					
Address 1323 NOWE STREET, WIS OFF					
City RACINE State	WI	Zip Code	53403-2236		
Country Telephone	262-260-2722	Fax	262-260-4253		
	Pagistration May 1	140 co 0 4/0 = = =41	28 102	$\overline{\gamma}$	
Name (Print/Type) Kristin L. Chapman	Registration No. (A	ιπomey/Agent)	38,102	\dashv	
Signature Khaday CIAOMIA	/	Date	10/2/2000	1.	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

ħ m لِيْ إ -4

PTO/SB/17 (09-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2001

Under the Paperwork Reduction Act of 1995, no persons are required to re

Patent fees are subject to annual revision.

TOTAL	AMOUNT	OF PA	YMENT
. •			

(\$) 2,870.00

spond to a collection of information unless it displays a valid OMB control number.			
Complete if Known			
Application Number	0-202		
Filing Date	October 2, 2000		
First Named Inventor	William E. LeBoeuf		
Examiner Name			
Group Art Unit			
Attorney Docket No.	.I-2961		

	METHOD OF PAYMENT FEE CALCULATION (continued)				
	1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES Large Entity Small Entity			
	Deposit Account 10-0849	Fee Fee Fee Fee Fee Description	Fee Paid		
	Number	105 130 205 65 Surcharge - late filing fee or oath			
	Account Name S. C. JOHNSON & SON, INC.	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
	Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	139 130 139 130 Non-English specification			
	Applicant claims small entity status.	147 2,520 147 2,520 For filing a request for ex parte reexamination			
	See 37 CFR 1.27	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
	2. Payment Enclosed: Check Credit card Money Order Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
15.00	FEE CALCULATION	115 110 215 55 Extension for reply within first month			
,;;	1. BASIC FILING FEE	116 390 216 195 Extension for reply within second month			
H affarr	Large Entity Small Entity	117 890 217 445 Extension for reply within third month			
¥"" i	Fee Fee Fee Fee Description	118 1,390 218 695 Extension for reply within fourth month			
1	Code (\$) Code (\$) Fee Paid 101 710 201 355 Utility filing fee 710	128 1,890 228 945 Extension for reply within fifth month			
ilear.	106 320 206 160 Design filling fee	119 310 219 155 Notice of Appeal			
	107 490 207 245 Plant filing fee	120 310 220 155 Filing a brief in support of an appeal			
Ē	108 710 208 355 Reissue filing fee	121 270 221 135 Request for oral hearing			
Week Wash	114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding			
		140 110 240 55 Petition to revive - unavoidable			
ting that the	SUBTOTAL (1) (\$) 710.00	141 1,240 241 620 Petition to revive - unintentional			
	2. EXTRA CLAIM FEES	142 1,240 242 620 Utility issue fee (or reissue)			
1	Fee from Extra Claims below Fee Paid	143 440 243 220 Design issue fee			
)	Total Claims $100 - 20^{-4} = 80 \times 18 = 1.440$	144 600 244 300 Plant issue fee			
	Independent $12 - 3^{**} = 9 \times 80 = 720$	122 130 122 130 Petitions to the Commissioner			
	Multiple Dependent =	123 50 123 50 Petitions related to provisional applications			
		126 240 126 240 Submission of Information Disclosure Stmt			
	Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)			
	103 18 203 9 Claims in excess of 20	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))			
	102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))			
	109 80 209 40 ** Reissue independent claims over original patent	179 710 279 355 Request for Continued Examination (RCE)			
	110 18 210 9 ** Reissue claims in excess of 20 and over original patent	169 900 169 900 Request for expedited examination of a design application			
	SUBTOTAL (2) (\$)2,160	Other fee (specify)			
	**or number previously paid, if greater; For Reissues, see above	Reduced by Basic Filing Fee Paid SUBTOTAL (3)			
1	SUBMITTED BY	Complete (if applicable)			

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Kristin L. Chapman	Registration No. (Attorney/Agent)	38,102	Telephone	262-260-2722
Signature	Krostw I. augman		Date	10/2/2000	

WARNING: Information on this f rm may become public. Credit card information should not b included on this form. Provid credit card informati n and authorization n PTO-2038.